

FACT SHEET: Health Care in Indiana
What the Affordable Care Act is doing for Indiana families

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams – without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Indiana:

After Health Reform: Improved Access to Care

- Gallup recently estimated that the uninsured rate in Indiana in 2014 was 13.6 percent, down from 15.3 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 2,796,375 Hoosiers who have some type of pre-existing health condition, including 375,962 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 2,259,000 people in Indiana, including 822,000 women and 615,000 children.
- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. 117,845 more people in Indiana have gained Medicaid or CHIP coverage since the beginning of the Health Insurance Marketplace first open enrollment period.
- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 180,529 people in Indiana were covered in March 2015.

- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 2,073 people in Indiana.
- Creates health plan disclosure requirements and simple, standardized summaries so 3,768,000 people in Indiana can better understand coverage information and compare benefits.

After Health Reform: More Affordable Care

- Creates a tax credit to help 159,802 people in Indiana who otherwise cannot afford it purchase health coverage through health insurance marketplaces.
- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 254,127 consumers in Indiana received \$11,889,719 in rebates.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 2,915,827 people in Indiana including 1,166,726 women.
- Eliminates out-of-pocket costs for 829,792 Medicare beneficiaries in Indiana for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 126,526 Medicare prescription drug beneficiaries in Indiana, who have saved an average of \$931 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 298,475 Medicare beneficiaries in Indiana.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 122,587 to 268,185 in Indiana since 2009.

After Health Reform: Improved Quality and Accountability to You

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network,

the Partnership for Patients, that includes 146 hospitals in Indiana to promote best quality practices.

We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Indiana more than 63.6 percent of hospitals and 54 percent of providers have electronic health records systems.
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Indiana now serve 364,112 patients and received \$103,961,786 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 81 Corps clinicians providing primary care services in Indiana, compared to 54 clinicians in 2008.

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